



Consent Form

Name of Applicant: _____ Date of Birth _____

Mailing Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Email: _____

Your written consent allows our agency to share your intake information with any collaborating agency. The information shared with the collaborating agency or agencies will be used to help you access services that will help you obtain and/or maintain self-sufficiency. You have the right to request information about who has viewed your information. You have a right to receive a copy of this Consent Form.

- SMTCCAC uses the universal application to assess needs of customers, help refer them to appropriate agencies and resources.
- SMTCCAC staff and the client may use information to assist the client in obtaining resources that may fulfill client needs.
- Only SMTCCAC staff may view, enter, or edit client records.
- No information will be released to another agency without signed client consent.
- The customer has the right to withdraw their application at any time and may refuse to answer any question.
- A client must be informed what information is being shared and with whom it is being shared.
- The Agency will uphold Federal and State confidentiality regulations to protect client records and privacy.
- The Agency will not solicit or input information from clients unless it is essential to provide services. The Agency may not use any client information for marketing purposes.

By signing and consenting, you authorize SMTCCAC:

- To share your intake information with collaborating agencies to be used for an initial intake assessment.
- To provide basic demographic information, residential, employment/income, military/legal, service needs, goals and outcomes.
- To allow your records and information to be shared for a period of no greater than three years (3) from today's date.
- To verify the validity of information such as employment.

I, _____
Client Signature

Date

Consent Do Not Consent

To having my information (demographic, residential, employment, income, military, legal, services, and goals and outcomes) that I provided in intake interviews to staff at Agency to be shared electronically with the collaborating agencies. I understand that I may request my information not be shared at any time.

SMTCCAC Staff Signature

Date

NOTE: All adult household members must sign their own consent form(s) and must be placed into the family file. If children under 18 are benefiting from agency services, please write their names on the back of this form, along with their relationship to this client.